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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/528762**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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35						
36	↓	↓				
37			✓			
38				✓		
39				✓		
40				✓		
41				✓		
42				✓		
43				✓		
44				✓		
45				✓		
46				✓		
47				✓		
48				✓		
49				✓		
50				✓		
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	35	←		←
TOTAL CLAIMS			37			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				✓		
53				✓		
54				✓		
55				✓		
56				✓		
57				✓		
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59				✓		
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						